

021204

UTILITY

PATENT APPLICATION
TRANSMITTAL(only for new nonprovisional applications under 37 CFR
1.53(b))

Attorney Docket No.

END-5016NP

First Inventor

James W. Voegelé et al.

Title

FINGERTIP SURGICAL INSTRUMENTS

Express Mail Label No.

ER 593 030 332 US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application
contents.ADDRESSED TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-14501. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(submit an original and a duplicate for fee processing)2. ☐ Applicant claims small entity status.3. ☒ Specification [Total Pages 18]

(Preferred arrangement set forth below)

- Descriptive Title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☒ Drawing(s) (35 USC 113) [Total Sheets 16]

5. Oath or Declaration [Total Pages 3]

a. ☒ Newly executed (unsigned) (original or copy)b. ☐ Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)i. ☐ **DELETION OF INVENTOR(S)**Signed statement attached deleting
inventor(s) named in the prior application,
see 37 CFR 1.63(d)(2) and 1.33(b).6. ☐ Application Data Sheet. See 37 CFR 1.767. ☐ CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)8. Nucleotide and/or Amino Acid Sequence
Submission (if applicable, all necessary)a. ☐ Computer Readable Form (CRF)b. ☐ Specification Sequence Listing on:

- i. ☐ CD-ROM or CD-R (2 copies); or
- ii. ☐ paper

c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)11. ☐ English Translation Document (if applicable)12. ☐ Information Disclosure Statement
(IDS)/PTO-1449 ☐ Copies of IDS Citations13. ☐ Preliminary Amendment14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)16. ☐ Request and Certifications under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form
PTO/SB/35 or its equivalent.17. ☐ Other18. ☐ If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a
preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:☐ Continuation ☐ Divisional ☐ Continuation-in-Part (CIP) of prior application No.: , filed .

Prior application information: Examiner Group Art Unit:

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an
oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying
continuation or divisional application and is hereby incorporated by reference. The incorporation can only be
relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label 000027777 or ☐ Correspondence Address below

Name: Philip S. Johnson, Esq.

Address: Johnson & Johnson
One Johnson & Johnson Plaza
New Brunswick, NJ 08933-7003 USA

20. TELEPHONE CONTACT

Please direct all telephone calls or telefaxes to Verne E. Kreger, Jr. at:

Telephone: (513) 337-3295

Fax: (732) 524-2808

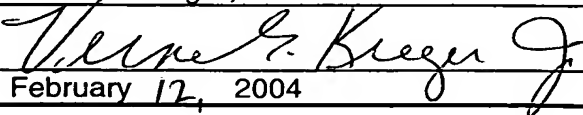
21. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME

Verne E. Kreger, Jr.

Reg. No. 35,231

SIGNATURE



DATE

February 12, 2004

16834 U.S. PTO
10/777324

021204

FEE TRANSMITTAL	<i>Complete if Known</i>	
	Application Number	
	Filing Date	February 12, 2004
	First Named Inventor	James W. Voegelé et al.
	Group Art Unit	Not assigned
	Examiner Name	Not assigned
	Attorney Docket Number	END 5016NP

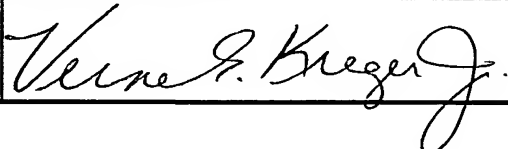
FEE CALCULATION

CLAIMS AS FILED

(1)	(2)	(3)	(4)	(5)
FOR:	NUMBER FILED	NUMBER EXTRA	RATE	BASIC FEE \$770.00
TOTAL CLAIMS	10 - 20 =	0	x 18.00	\$ 0.00
INDEPENDENT CLAIMS	2 - 3 =	0	x 86.00	\$ 0.00
MULTIPLE DEPENDENT CLAIMS	<input type="checkbox"/>	N/A	\$280.00	
			TOTAL FEES	\$ 770.00

METHOD OF PAYMENT

- ☒ Please charge Deposit Account No. 10-0750/END-5016NP/VEK in the amount of \$770.00. Three copies of this sheet are enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required in connection with the filing of this communication, or credit any overpayment, to Account No. 10-0750/END-5016NP/VEK. Three copies of this sheet are enclosed.

SUBMITTED BY:		<i>Complete (if applicable)</i>
Typed or Printed Name	Verne E. Kreger, Jr.	Reg. No. 35,231
Signature		Date: February 12, 2004 Deposit Account No. 10-0750